	PLACE OF DEATH 21479	233 STATE OF MARYLAND
Count	y Carroll	CERTIFICATE OF DEATH
		Registration Dist. No.
Villag	e or City Westminster (No.	St; Ward) [If death occorred in a hospital or institution,
	2 FULL NAME Edward at	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, wigle Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH 23, 1915 (Month) (Day) (Year)
6 DAT	E OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	1837	Jan 1 15, 1915, to len 23, 1915,
7	(Month) (Day) (Year)	that I last saw ham alive on flee 2 2 , 1915,
TAGE	1 day. hrs.	and that death occurred on the date stated above, atm.
	yrs mos ds. ORmin.?	The CAUSE OF DEATH * was as follows:
8/00	CUPATION Trade, profession, or Pauloes	
part	icular kind of work	Chronic valor las heart direcce
busi	General nature of lodustry ness, or establishment in	(Ourotion) yrs mos ds
	ch employed (or employer)	
BII	State or country) Ireland	Secondary (Burglion) yrs. mos. 4s.
	10 NAME OF CINKNEIN	(Signed) I dany on typy M. O.
STAS	11 BIRTHPLACE OF FATHER (State or country) Unknown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL OF HOMICIDAL.
PARENT	12 MAIDEN NAME Jukum	SUICINAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Unknown.	OR RECENT RESIDENTS) At pisce in the et deethyrsmesds. State,yrsmesds.
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where were disease controcted, If not st place of desth?
(informant)	Former or usuot residence
	(Address) Wedminster md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Del 19 PLACE OF BURIAL Del 27 4 101 5
15	De 0 26 mb Planting	20 UNDERTAKER ADDRESS
raec	REGISTRAR	7413 ankard + em Westninster
	If more blanks are needed, address State Registrar, 1	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write Nonc. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return Locomotive engineer, without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of tungs, menin-

and eonsequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. "Heart failure," "Haemorthage," "Inanition," "Maras-"Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," The contributory (secondary or intercuras "Puerperal septichaemia," Examples: Accidental drowning, State cause for which Never report mere "Exhaustion," unportant.



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certificate.

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Instructions

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1

OCCUPATION

PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Carroll Registered No. [If death occurred in Village or Gity Oakland mills (No. St:Ward) a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, & WIDOWED. (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH . 191 5 . to 7 AGE If LESS than and that death occurred on the date stated above, at 8 . Q . m 1 day, hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration)yrs.....mos....ds. which employed (or employer) State or country) (Secondary) 10 NAME OF 1913 (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ State yrs mos ... ds _ ds. Where was disease contracted 14 THE ABOVE IS TRUE TO THE If not at place of death?... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER WYSLEE ADDRESS REGISTRAS If more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of lilbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerunterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when necded. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For mnny occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childblrth or miscarriage, as "Purperal sopticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenltnl," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla." "Anacmia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis nant neoplasms) : Measics; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." dent; Revolver seound of head-homicide; Polsoned Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stnted under the head of Always qualify all disenses resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can-"Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 1916 BUREAU, V.S. tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

PERMANENT stated EXACTLY.

4

carefully supplied. AGE should be si

certificate.

DEATH in plain terms, so See instructions on back of

of information

Every item important.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME POOWARD, VI.	2 and tora
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Volute Shirte Single, Marked Wisdowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Yay (Year) 17 (Year)
S DATE OF BIRTH Selly (Month) (Day (Year)	that I last saw h Lin allve on Dee 17 191 J.
⁷ AGE if LESS than	and that death occurred on the date stated above, at 55, m.
34 yrs 6 mos 6 ds 0R min.?	The CAUSE OF DEATH* was as follows:
Ca) Trade, profession, or farmes particular kind of work	Lotus Quemonis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 3 ds.
State or country) Carroll bo Rod	Contributory Condary (Duration) / O yrs mos ds.
10 NAME OF Gacob. Bankard	(Signed) Lisher Veruf, M. D. A. Ec 2 \$191.5 (Address) Union then mo
OF FATHER (State or country) 12 MAIDEN NAME Z OF MOTHER Z	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal,
of MOTHER france Bankard	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Carrell by hid	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) Mors anne Best of MY KNOWLEDGE	if not at place of death?
(Address) R & Loutleston Pa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec. 28th, 1915, grass G. Billmyrv.	20 UNDERTAKER SOT Jameston
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



8

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

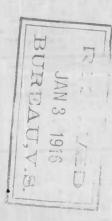
Ounty Carroll 21482	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 72
FULL NAME Bula May	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR OIVERCED (Write the word)	16 DATE OF DEATH Dec 247, 191 (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Lec 22rd, 1915 to Dec 24/h, 1915, that I last saw her alive on Dec 23d, 1915
7 AGE 20 yrs. // mos. 29 ds. or. min.?	and that death occurred on the date stated above, at 6.304m. The GAUSE OF DEATH* was as follows:
S OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Serval (Ouration) J yrs. mos. ds. Contributory
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed) (Buration) yrs mos ds. (Signed) (Signed) (Address) (Address) (Signed) (Sig
OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death?
(Address) Hestminster Ind ADIS Filed Dec. 26, 1915 form & Humbert REGISTRAN	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('oal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 0

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch. If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATES state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. oma. Sarcoma, etc., of _ is less definite; avoid use of "Tumor" for mails The contributory "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "PUERPERAL schtichae-(name origin; "Can-"Exhaustion," Never report Examples: 00



PERMANENT

PHYSICIANS SHOOM	of OCCUPATION IS	
BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shows	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate.
02		

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Larry of Co Registration Dist. No. Ilt death occurred inWard) a hospital or institution give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WICOWED. ordivorced (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 3 1 day,hrs. The CAUSE OF DEATH* was as follows: . OND mosmin. ? BOCCUPATION (a) Trade, protession, or (b) General nature of industry. business, or establishment in Which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. State yrs. __ mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at placs of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canaffectiou need not be stated unless important. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee ou Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for maiig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations ou statement of may be stated under the head of "Dropsy," "Exhaustion," Never report



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

Cou	nty Carrole 2149		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	age or City On Resorble (No. Operates &	01	Ley Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
	- PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3 51	1 de Hute 5 SINGLE, MARRIED, Lu WIOWEO OR DIVORCEO (Write the word)	ingle	18 DATE OF DEATH December 16 , 191 (Month) (Day) (Year)
e ortifica	Movember 12th (Month) (Day)	, 1890 (Year)	HEREBY CERTIFY, That I attended deceased fro Hecuber 9th, 191/5, to December 16, 1916 that I last saw hum alive on Mcculler 16th, 1910
7 A	95 / //	If LESS than I day, hrs. OR mia.?	and that death occurred on the date stated above, at 44.45.
ructions o	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General natore of lodustry business, or establishment in which employed (or employor) BIRTHPLACE (State or country) Ballo. City. Mal		Contributory Status Epilepticus Secondary Contributory Status Epilepticus Avont 3 km
mportant See	10 NAME OF FATHER State B. Bradley 11 BIRTHPLACE OF FATHER (State or country) Scotland 12 MAIDEN NAME		(Signed) When Monfolk Monroe, M. (Signed) When Monfolk Monroe, M. (Signed) When Monfolk Monroe, M. State the Dispass Causing Drath, or, in deaths from Violent Causins, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal or Homicinal.
TION IS Very II	OF MOTHER Grace Starke 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE REST OF MY KNOWLED (leftermant) (leftermant) Macheld Hoch. Records	GE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of desth yrs. mos. /3 ds. Stats, 2 yrs. / mos. 44 Where was disease contracted, if not at place of death? Former or 3 4 4 4
15 F	(Address) Sykesnely. Moly Duran	EGISTRAR	19 PLACE OF BURIAL OR REMOVAL SULLING MAL DATE OF BURIAL— 20 UNDERTAKER ADDRESS AUGUSTICATION OF THE PROPERTY OF THE PROPE
	If more blanks are needed, address Sta	te Registrar,	1 N. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to cach and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, ctc. Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," meningialified, is indefinite); Tuberculosis of lungs, meningia.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiai "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of when a definite disease can be accertained as the by railway train-accident; Revolver wound Always qualify all diseases resulting from childterminal conditions, such as "Asthenia," The contributory (secondary or intercur-"Convulsions," "Dropsy," Never report mere acid-probably "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 . 1916
BUREAU, V.S.

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}	WRITE	N. BEvery item of information should be ca
7. S. No. 1.		BEvery
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1	County Garroll	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village er City Union Bridge (No. 2 FULL NAME Long U 6 L	Registration Dist. No. St.; Ward) [It death eccerred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Friedr Lohite Single, Wildows Or Divorced (Write the word)	16 DATE OF DEATH (Month) (May) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	O TAGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. OR min.?	that I last saw h. W alive on The time., 1915., 1915., 1915., 1915., 1915., 1915., 1916., 191
Ŏ	(a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)	Death was Sudden Cases Ly paralysis of heart (Ouration)
	(State or country) Furderiels 60 Md 10 NAME OF FATHER JUSSE J 6 Larry 11 BIRTHALACE OF FATHER (State or country) Furderick 60 Md 12 MAIDEN NAME O	(Signed) Ar Jak - Wall Me. 6. 12 - 7 , 191.5 (Address) User Bridge Wol. *State the DISEASE CAUSING DEATH, or, in deaths from FIGLENT CAUSES, state (1) MENNS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIPAL.
	of MOTHER Subana Dollerar 13 BIRTHPLACE OF MOTHER (State or country) Frederick 60 Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dra Colary	B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the second
	(Address) Union Bridge Md 15 Filed Del ", 191 Leslie O. Refsh Sufferty Registrata If more blanks are needed, address State Registrat, 1	19 PLACE OF BURIAL OR REMOVAL Mt. Viker Grunter, 12-8, 1915. 20 UNDERTAKER Frank J Shriner Runon Bridge
	I thoro brining are departs, adapted bears recognition, a	

ACE strong pe the transfer to HARICIANS Twity item of transaction along the service is that it may be not the service of the bound of the service of th

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, At home. Care should be If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of langs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; eause. Always qualify all diseases resulting from childor miscarriage as "Puerperal sephichuemia," State cause for which Never report mere wound of



No. 02 À.

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. 4 classified. pe IS should UNFADING INK-THIS properly AGE supplied. carefully PLAINLY, WITH plain terms, pinons of Information DEATH In WRITE

Registration Dist. No .-PERSONAL AND STATISTICAL PARTICULARS 3 SEX Manne 4 COLOR OR RACE S SINGLE. MARRIED. WIDOWED. ORDIVORCEO DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than 1 day,hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 0 See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS CAUSE OF Important. (Address)..... m REGISTRAR ż

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

adj.	St.;—Ward	a hospital or institution give its NAME lostead of streel and nomber.]
ME	EDICAL CERTIFICATE O	F DEATH
16 DATE OF DEAT	H Dec	/3- ,191= (Day (Year)
-	(Month)	(Day (Year)
	EREBY CERTIFY, That	l attended deceased fro
no allude	ше <u>с 191, to</u>	, 191
that i last asw hat	m alive on Dec	13- 191.3
	urred on the date stated	1/.3 00
		above, at
	EATH* was as followa:	
	Thopley	7000

***************************************		Instantania
~~~~~	(Ouration)	yrsmos
Contributory	Serile D.	e generation
Secondary		
***************************************	(Duration)	yrs
(Signed)	E D on	ouk . W.
Dec 16 ,1	315 (Address) word	bine
	BEASE CAUSING DEATH, OR 1) MEANS OF INJURY; a 1 HOMICIDAL.	
18 LENGTH OF RE OR RECENT RESIL	SIDENCE (FOR HOSPITALS DENTE)	, INSTITUTIONS, TRANSIENT
ot death yrs		yrs, mos, c
Where was disease con if not at place of death!	tracted.	
Former or usual residence		
19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
Taylorsvill	- 7 1	Dee=18 3, 191 4
20 UNDERTAKER		ADDRESS

usfield. md

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocory; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

### V. S. No. 1.

County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 78
Village or City 2/2 Deanings (No,	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mall while Single, widowed, orbivorced (Write the word)	16 DATE OF DEATH   Dre 2/ 191 (Month) - (Day (Year
6 DATE OF BIRTH  (Month) (Day (Year)	17 Reference CERTIFY. That I attended deceased from 191, to 191.  that I last saw h alive on 191, 191
TAGE  If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH; was as follows:  Accordingly formed to death
particular kind of work	The decessed (Duration) Lingsda mos.
9 BIRTHPLACE (State or country) Germany  10 NAME OF FATHER	Contributory Secondary  (Duration) yrs mos d  (Signed) hall faster 1. P. Action Contributory
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accid TAL, SUICIDAL, or HOMICIDAL.
a milmon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS)  At place
13 BIRTHPLACE OF MOTHER (State or country) Inknown.	of death yrs mos ds. State yrs mos.
OF MOTHER	10.100

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Fyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

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Very PHYSICIANS shoul of OCCUPATION RECORD PERMANENT classi UNFADING certifical 0 WITH back Instructions plai c I DEAT OF Important. Every It

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.;....Ward) a hospital or lostitution, give Its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S STWGLE, MARRIED, WIDOWED. ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above, 1 day .....hrs. The CAUSE OF DEATH* was as follows: OR ..... min. ? maninas OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory 1D NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; nnd (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ..... yrs, .... mos. .. State ..... yrs. .... mos. Where was disease contracted. If not at place of death? ... Former or usual residence 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. BINDING Exact stated classified. 4 pe pinous FOR THIS properly AGE RESERVED XX supplied. þe UNFADING may carefully 2 that 80 MARGIN terms, pino AINLY, plain Information 7 DEATH WRITE ō Item OF Every Ite

1 PLACE OF DEATH ² FULL NAM PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR BACE MARRIEO. WIDOWED. OROIVORCEO (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) if LESS than TAGE 1 day, ....hrs. OR. ....min. ? 8 CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 50 back 11 BIRTHPLACE FNH OF FATHER (State or country) 00 AR 12 MAIDEN NAME OF MOTHER See Instructions 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST MY KNOWLEDGE Important. 15 20 UNDERTAKER REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St: .Ward)

lif death occurred in a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  (Month)  (Day)  (Year)
17 I HEREBY CERTIFY, That I attended deceased from OCL 25 Ma, 1915, to Sec. 3 Ma, 1915
hat I last saw held alive on Del Oll 1913
The CAUSE OF DEATH* was as follows:
General Makrus
Contributory (Secondary)  (Ouration) yrs. mos. ds
 (Signed) (Address) Herrica (Address)
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE IN the displace of death
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Silves Run Come To Dec, 10, 1916

No. ri.

0

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Acation, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Flanter, Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the death), 29 ds.; Never report



WRITE PLAINLY, WITH UNFADING INK-THIS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT

CAUSE OF Important. S

	PLACE OF DEATH
County	Carroll
Village or	Gity Couro
Р	ERSONAL AND STATE
3 SEX	4 COLOR OR RA
Tecua	le Mute
6 DATE OF	BIRTH To !

21490



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

...St.;....Ward)

[If death occurred is a hospital or institution, give its NAME instead of street and nomber.]

-FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
terrale White (Write the word)	16 DATE OF DEATH LLC 23 ,1918 (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h wally on see 20 1985
7 AGE  3 8 yrs 10 mos 6 ds 0R min.?	and that desth occurred on the date stated above, st
(a) Trade, profession, or particular kind of work	Care of Bush
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Jrs mos. 4s.
*BIRTHPLACE (State or country) Manthaud	Gontributory Secondary
10 NAME OF FATHER Sent Know	(Signed) Thos & Coona , M. D.
C State or country Count & North	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos ds.
(Informant) Quel To the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or osual residence.
(Address) Consultan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dee 24, 1915 G. J. Skimmer	20 UNDERTAKER ADDRESS
	tar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same aecepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head injury, as fraeture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerreral peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for mallg. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of (disease causing death), 29 ds.;



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Village or City Houcksville (No. 21491 2 1491)  2FULL NAME Gabriel Houn	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  [It death occurred to a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male White (Stringle, Moover)  Male White (Write the word)	16 DATE OF DEATH /2 26 ,191 (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
7 AGE  (Month)  (Day  (Year)  7 AGE  1 LESS than 1 dayhrs.  ORmin.?	that I last saw h LM alive on DSC 2 , 191 , 191 and that death occurred on the date stated above, at 4 m.  The GAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work the the transmission of transmission	Contributory O Enclosed Mary Secondary  (Duration) Sandal messly ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) EAGAN M. BANGAR M. D.  2/7.6 1,191 S. (Address) Harand Straid MA  *State tile Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mukerwaw  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs ds. State yrs, mes ds. Where was disease contracted, it not at place of death?
(Informant) Tall January (Address) Drawford and Modern State and Modern State Registran  If more blanks are needed, address State Regist	Former or usual residence
	red in the d

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. . The it should be used only when needed. For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asralvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ampie: Measles (disease causing The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for For vio-



9	PLACE OF DEATH	STATE OF MARYLAND
	County Carroll 21100	CERTIFICATE OF DEATH
HYSICIANS statement of	County 21492	Registration Dist. No. 7.5
×S × ste	(IVosial	10/
	Village or City (No,	St.; Ward) [If death occurred in a hospital or institution,
C	(1. 4)	give ite NAMF instead
	2 FULL NAME Sev 2 ) Jen	of street and number.]
uld be stated EXACT properly classified. rtificate.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SS. FF	3 SEX / 4 COLONOR BACE   5 SINGLE,	16 DATE OF DEATH
stated ly claste.	male Whate widowed arried	(Month) (Day) (Year)
hould be st be properly certificate	(Write the word)	17.   HEREBY CERTIFY, That I attended deceased from
ific p	6 DATE OF BIRTH	1/ Chr. 1614, 1915, to Ficeriae 1, 1911,
hould be pro	(Month) / O (Day) 1839 (Year)	that I last saw ham alive on the why /5 1, 191/5,
400 01-	7 AGE 19 19 1 1 1 LESS than	and that death occurred on the date stated above, at
SE S	76 we 2 mas 16 ds or min.?	The CAUSE OF DEATH * was as fellows:
t it ba	1(5)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
tha	8 OCCUPATION (a) Trade, profession, or	A factorial and the second sec
Suga	(b) General nature of industry	ald Age
ns, us	business, or establishment in	(Duration) yrs. / mas. ds.
term	which employed (or employer)	Contributory
care	(State or country) (allsig MC)	Lolland marmore (Burstion) As mos 5 ds.
Se	10 NAME OF DOTAL STORY	(Signed) ERALISE SCA., M.O.
	feller felling,	1211/7 1915 (Address) Bless Ruck Par
F DEATH important	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OLINE OLINE OLINE OF MOTHER OLINE OLINE  13 BIRTHPLACE OF FATHER (State or country)  14 MAIDEN NAME OF MOTHER OLINE OLINE  15 Line Fally	State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT
DE	E 12 MAIDEN NAME 1/1/9	CAUSES, state (1) MEANS OF INJUSY; and (2) whether Accidental, Suicidal or Homicidal.
	a OF MOTHER Olizebth Luckalung	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
SE O very	13 BIRTHPLACE OF MOTHER - Pot Ruines	Al place in the
is C 5	(State or country)	of deethyrsmosds. State,yrsmosds. Where was disease contracted,
OCA	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not et piece of deeth?
FMH	(informant) mary d. Menry	Former or usual residence
d sta	alling Ald	19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL
should OCCUF	(Address) Court PM	Duck you Co Pa /2/19,1015
M NO	15 Filed /2/17, 1915 9. O. Baltoger	29 UNDERTAKES
m	FIEG	MI + Hugman Mancheste
Z	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Carc should be mobile factory. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning surgical operation was undertaken. For violent deaths nius," to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," "Senile," etc.), as "Pubrperal seplichaemia," "Dropsy," State cause for which "Exhaustion,"



RECORD classified properly pe should pe may AG THIS so that supplied terms, carefully a in pe 2 pino I d ш 0 informatic CAUSE OF WRIT

1 PLACE_OF DEATH STATE OF MARYLAND EXACTLY, PHYSICIANS sified. Exact statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occorred in ..Ward) a hospital or institution. give its NAME instead of street and number. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 18 DATE OF GEATH 4 COLOR OR RACE MARRIED WIDOWEO OR DIVORCED (Month) (Day) certificate I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191..... , to ...... , 191 (Day) alive on (Year) 7 AGE of if LESS than 1 day, hrs. bac The CAUSE OF DEATH # was as follows: .... mos..... BOCCUPATION no (a) Trade, profession, or instructions particular kind of work (b) General nature of industry business, or establishment in which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) E Š 10 NAME OF FATHER (Signed) important PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER 0 (State or country) of death .....yrs. ......mes. ... Every item of in should state CA OCCUPATION Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL (Address) +/...., 191.D 20 UNDERTA AOORESS  $\omega$ REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heort disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Pueriveral septichaemia," "Old Age," "Shock," "Uracinia," "Weakness," "Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," ACCIDENTAL, nound



Coun	ty Carroll 21494	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	ge or City Syperville (No Spring frie	[If death occurred in a hespital or institution, give its HAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SET	rale While Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH OLLINGER 30, 1913 (Month) (Day) (Year)
7 AGI	E Markania Mark , 1 5 42 (Year)  E Markania Mark (Month) (Day) (Year)  1 LESS than 1 day, hrs.  7 9 yrs. Mark mes. Mark ds. OR min.?	that I last saw here alive on Messates 29 1915 and that death occurred on the date stated above, at 200 1 The CAUSE OF DEATH * was as follows:
par (b) hus whi	CCUPATION ) Trade, profession, or ticular kind of work ) General natore of industry siness, or establishment in ich ampleyed (or employer)  RTHPLACE (State or country)  Calcaware	Aslesson - School of Chronic Indicate  Supposition 1 yrs. 5 mos. 7  Contributory Secondary
PARENTS	10 NAME OF FATHER Mas. Hollis  11 BIRTHPLACE OF FATHER (State or country) Claware  12 Maiden NAME OF MOTHER Lawring Stafford  13 BIRTHPLACE OF MOTHER	(Signed)  (Signe
	(State or country) Allaware HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hugh. Blende	of death 2 yre. 5 mes. 7 ds. State, yrs. mee.  Where was disease contracted, If not at place of death?  Former or  ween residence.  California Co.
16 File	(Address) S. S. Herfer, Syknaville, Md.  Office, 30, 1913 Registran  If more blanks are needed, address State Registran,	19 PLANE OF BURIAL OR REMOVAL  DAT OF BURIAL  191  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as House of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to cach and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, lapse," "Coma," "Convu genital," "Senilc," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver surgical operation was undertaken. "Puznperal peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. rent) affection need not be stated unless important. "Tumor" for malignant ncoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puenpenal septichaemia," carbolic acid-probably FOR VIOLENT DEATHS report mere wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3. 1916 BUREAU, V.S.

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		N. B.—Every item of information should be carefully supplied. AGE she chould exert CALIST OF DEATH in plain terms so that it may be
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V. S. No. 1.		m
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Part I		

	1 PLACE OF DEATH	STATE OF MARYLAND
Cour	to Carroll 21495	CERTIFICATE OF DEATH
Cour	av, D, —	Registration Dist. No
Villa	ge or City Montany (No. , ,	St.; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME Cyrus Jacop	Hill give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A ale While (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DA	TE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
H	Jan (Month) (Day) (Year)	that I last saw half alive on Dec. 201, 1915,
7 AG	E If LESS than	and that death occurred on the date stated above, at 200, m.
	7 5 yrs / mos 3 ds or min.?	The CAUSE OF DEATH # was as follows:
(8	CCUPATION  1) Trade, profession, or Returns Harrison ricular kind of work	
DU	r) General nature of lodustry siness, or establishment in lich emplayed (or employer)	(Durstlen) 3 yrs. mos. ds.
9 a	(State or country) Carroll to	Contributory Secondary  (Buratles) yrs. A mes. 4s.
	10 NAME OF FATHER Slaved Hall	(Signed) Stuties Sterrif , M. O.
PARENTS	11 AIRTHPLACE OF FATHER (State or country) & arroll Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSER, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PAR	12 MAIDEN NAME OF MOTHER Sarah Title	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Larrell CA	OR RECENT RESIDENTS) At pisce of desth
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Informant) Wuller Duller	Former or ususi residence
_	(Address) Turnosta Jul	Place of Burial OR REMOVAL DATE OF BURIAL
15 File	od Dec. 21 st 1915 from y. Billyyer.	20 UNDERTAKER ADDRESS
	Gold REGISTRAR	Horankard x non Westminds
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question Housemaid, taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers mabile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupa--Coul mine, etc. the second statement. very important, so that the relative healthful-For persons who have no occupation whatever, ete. The material worked on may form part If the occupation has been changed Women at home, who are engaged in Architect, Locomotive engineer, Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," and consequences (c. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinama, Saraama, etc., of . . . . . . . . . (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck "PUERPERAL peritonilis," etc. ete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumania (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. caugh; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intereuras "PUEHPERAL septichaemia," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL, mound



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R	RECORD	PHYSICIANS ST
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. N.

PLACE OF DEATH	STATE OF MARYLAND
6-121 of 21505 72	CERTIFICATE OF DEATH
County 10 amol 21525	76
	Registration Dist, No.
Village or City Westminster (No.	St.; Ward) [If death occorred in
111080 01 01L)	St.; ward) a hospital or Institution, give Its NAME Instead
00 0.01	of street and number I
FULL NAME JOHN O XLA	ev l-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Maried	· 9015
Male Will (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	Men ut . D 970
Seft ? 1866	1916:, to otter, 1915;
(Month) (Day (Year)	that I last saw have alive on stee 4 1916 -
7 AGE If LESS than	and that death occurred on the date stated above, at // Q m.
59 3 1 day,hrs.	The CAUSE OF DEATH* was as follows:
9 4 yrs 3 mos 2 os or min.?	Websetter and
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particular kind of work angar manufacto	Course of DUSA.
(b) General nature of Industry,	N- Lating
business, or establishment in U Which employed (or employer)	10 Wher Culons (Duration) yrs mos ds.
9 BIRTHPLACE	Contributory Mulumman themandager
(State or country)	Secondary
10 NAME OF	(Quration)yrsmosds,
FATHER A	(Signed) Johns Sternagt 4.0.
of 11 BIRTHPLACE	Lead 10, 1915 - (Address) Washington Red
Z OF FATHER (State or country)	
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Went Know	At place In the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseaso contracted.
In the best of Mr Knowledge	If not at pisce of death?
(Interment) Quitar Warehime	Former or usual residence
11/214	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Westimmeler	11/ + + done 1/ de
16 De de & Maria	Westwarder 1919.
Filed 500 - 10 1915 0 . 19 1 1 1 1 1 1 1	20 UNDERTAKER ADDRESS
REGISTRAR	Travel a Sharrer Westmend
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 3

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," "Exhaustion,"



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1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

### Registration Dist. No Ilt death occurred in Village or City .Ward) a hospital or institutioe. give its NAME lestead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than 1 day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... certificate. Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 0 back 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 6 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. __ State _____ yrs, _ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or (Interment) Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fit death occurred is St.;----Ward) a bospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOROR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, widowed, Wedersen ordivorced (Write the word) (Month) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at... t day ..... hrs. The CAUSE OF DEATH* was as follows: OR ..... 7 SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or amployer) ---9 BIRTHPLACE (State or country) Contributory..... Secondary (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE ..., 191 .... (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death _____ yrs, ____ mos, ___ State _____ yrs. __ Where was disease contracted. If not at place of death?-Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



### 3

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. scpsis, tctanus) may be stated under the head injury, as fracture of skuli, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstilial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of



PLACE OF DEATH

	ge or City Man Mes les (No	St.; Ward)  [It death occur a hospital or instit give its NAME in of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	4:color or race 5 SINGLE, MARRIED, MARRIED, MARRIED, MODES OR TOP	OMOnth) (Day) (Month) (Day)
6 DA	TE OF BIRTH  May 21, 184.  (Month) (Year)	The 194 1915, to See 313  that I last saw home alive on See 31
7 AG	7 2 yrs 7 mes 9 ds. or min.?	and that death occurred on the date stated above, at.  The CAUSE OF DEATH * was as follows:
Opar Opar	OCCUPATION ) Trade, profession, or Sione Cutter ticular kind of work Sione Cutter ) General nature of industry	Ourone refuses
bus Whi	siness, or establishment in ich empløyed (er employer)	Contributory Myocarditis
	Adams Co. Ca	Secondary (Ouralian) 1 yrs. mos.
	10 NAME OF FATHER JORAC Miller	(Signed) William R. S. Dermer)
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Viol. Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal.
m m	of Mother Sugan Hersher	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
AR	12	
	13 BIRTHPLACE OF MOTHER (State or country)	Al pisce In the of deathyrsmosds. Stats,yrsmos. Where was disease contracted,
14 TH	OF MOTHER - / dV	of deathyrsmos,ds. Stats,yrsmos.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Realth Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal nine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. For many occupations a single word or term on the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated snicide. The nature of the injury, as fracture of skull mus," head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Pubrperal septichacmia," "Pubrperal peritonitis," etc. State cause for which to determine definitely. Examples: Accidental drowning. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions,". "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," "Senile," etc.), The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion," Whooping



County Canall 21499	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
VIIIage or City Sylvasible, Mid. (No Spring for 2 FULL NAME Susie Mossback	give its HAME insti
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 color or race 5 single, Married, Willowe of Married or olvored (Write the word)	16 OATE OF DEATH LLLLLLER 15, 19 (Month) (Day) (Ye
TAGE  Gunland  (Month)  (Day)  (Year)  TAGE  July  (Year)  TAGE  July  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Year)  (Oay)  (Year)  (Year)  (Oay)  (Oay)  (Year)	that I last saw here alive on Allember 15, 191 and that death occurred on the date stated above, at 15. The CAUSE OF DEATH * was as follows:
**DOCCUPATION (a) Trade, prefession, er particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER JOSEPH Berwanger  11 BIRTHPLACE OF FATHER (State or country) Jung any 12 MAIOEN NAME	(Signed) (Single the DISEARE CAUSING DEATH, or, in deaths from VIOLENC CAUSING OF INJURY; and (2) whether ACCIDENTAL SUICIDAL Or HOMICIDAL.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS) At place of death yrs
(Address) S. S. Horp., Sylveride, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS



[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as accidental, mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere surgical operation was undertaken. For violent DEATHS "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Ansemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," "Tumor" for malignant neoplasms); Measles; Whooping rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial or miscarriage as The contributory (secondary or intercur-"PUERPERAL septichaemia," "Atrophy," important. ("Con-



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

County Garro	eath 21000		1234	STATE OF MA CERTIFICATE O	OF DEATH
Village or City Zox	A	E m	yero	Registration Di	[If death occurred a hospilat or institution give its NAME instead of street and number
PERSONAL	AND STATISTICAL PARTIC	CULARS /	MI	EDICAL CERTIFICATE	OF DEATH
Male M 6 DATE OF BIRTH	LOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCE (Write the won	1838	16 DATE OF DEA	(Month) BY CERTIFY, That I at:	Constant of the control of the contr
OCCUPATION (a) Trade, profession, or particular kind of work.	yrs. 3 mos. / 7 ds	If LESS than 1 day, hrs.	Bnd that debth	Occurred on the date st DEATH * was as follow	
(b) General nature of tod business, or establishme which emplayed (or emplo 9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  CState or country  12 MAIDEN NAM OF MOTHER	Carroll  Laniel My  try) Carroll	yers	(Signed) State the CAUSES, State	1915 (Addrass) 72  1915 (Addrass) 72  1919 (Addrass) 73  (I) MEANS OF INJURY; and	mos be mo
13 BIRTHPLACE OF MOTHER (State or coun		KUL.	OR RECENT RES At place af death	tn thsde, State, atracted,	INSTITUTIONS, TRANSIE
(Address) O	1915 - Elbskrue  If more blanks are needed, addres	REGISTRAR	Baust 20 UNDERTAKES HBar	rkurd tem	DATE OF BURIAL Lie 2 5, 191. ADDRESS Wednumsle

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, write Nonc. taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Ilobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

under the head of "Contributory." (Recommendations head—homicide; Poisoned by carbolic acid—probobly suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness, "An iemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated Struck by railwoy train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. The contributory (secondary or intercuras "Puenperal septichaemio," Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," nound of



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WITH

WRITE

state should is UPATION proper supplied. may 0 plain See instructions <u>c</u> I DEAT OF Important. Every

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred in Village or City. .Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR, OR RACE MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH (Month) (Dav (Year) 7 AGE if LESS than and that death occurred on the date stated above. t day.....hrs. The CAUSE OF DEATH* OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE .(State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or. in Geaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. .... State Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engincer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertalued as the "Heart failure," "Haemorrhage," "luauitlon," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR 5 MARGIN V. S. No. 1.

ounty larroll md	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 72
Village or City Carroll be (No	St; Ward)  [If dealh occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow   6 DATE OF BIRTH  MAY   6 DATE OF BIRTH	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY GERTIFY, That I attended deceased from  (L/2, 1915, to
TAGE    If LESS than   1 day,hrs.   3 ds.   5 min. ?	and that death occurred on the date stated above, at 9 Pm, The GAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  Adum Condonfor	(Buration) 3 yrs. mos. ds.  Contributory (Secondary) (Duration) yrs. mos. / ds.  (Signed)
11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address). Meximum Country  15 Filed. S. 1915 John What REGISTRAR  If more bianks are needed, address State Registrar, 6	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  ### Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons (4)

Statement of cause of death—Name, first, the dispasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichueby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstittal nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgaffection need not be stated unless important. oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For vio-



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OCCUPATION IS VERY PHYSICIANS should RECORD of statement PERMANENT EXACTLY classified. 4 should THIS properly AGE INK carefully supplied. be UNFADING that it may certificate. 0 WITH DEATH in plain terms, should PLAINLY Instructions of information WRITE Sec CAUSE OF Important.

state

PARENTS

15

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

6

'PLACE OF DEATH 21503  County Carroll,  Village or City Berrel (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 83  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED,  WIDOWED,  ORDIVORCED  ORDIVORCED  ORDIVORCED  ORDIVORCED  ORDIVORCED  ORDIVORCED  ORDIVORCED  ORDIVORCED	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Tear)  7 AGE	that I last saw h alive on
	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Still born
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Transverve Insentation
State or country)	(Secondary)  (Doration) yrs mos ds.
10 NAME OF Roland Payriler	(Signed) 9/10/10/29/05, M. O.
V 11 BIRTHPLACE OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

	At place		lo the			
	of death yrs. mos.	ds.	State	yrs,	mcs	d
ı	Where was disease contracted.					

....., 191/2....

if not at place of death?

usual residence.

19 PLACE OF BURIA	L OR REMOVAL	DATE OF B
Brandesch	Lurg Cemetar	Lee ;
20 UNDERTAKER	0	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., applies to each and every person, lrrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursnits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Tlaborer," "Foreman," Farmer or Planter, As examples: For persons 69

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purperal septichacinjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomig," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Tracmia," "Weakness," genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quality as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head Niways qualify ail diseases resulting from (Recommendations on statement of (name origin: "Can. Never report Examples:



MARGIN RESERVED FOR BINDING

Carroll 21504	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Union Bridge (No.	St.; Ward)  [If death eccurred in a hospital or institution, give its NAME instead
2 FULL NAME Mary Missour	Ruehart, of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finals White SINGLE, MARRIED, widnerd WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Sec 28, 1914  (Month) (Day) (Year)
6 DATE OF BIRTH 6 - 2 - 1850	HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h C alive on A L 7 5 1915
65 yrs. 6 mos. 25 ds. 1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at /2eqr
(a) Trade, protession, or House Wife particular kind of work	Our sur a com
(b) General nature ot lodustry business, or establishment in which employed (or employer)	(Ourstion) yrs. 6 mos. —
9 BIRTHPLACE (State or country) Farderick 60, Ud.	Contributory Secondary  (abdouced) (Durallon) yrs mos.
10 NAME OF Rubru DEvilbiso	(Signed) T. J. Legg, M. Sec 29, 181 J. (Address) Uluon Bill, n
Z OF FATHER (State or country) Forderiels 60 Md	State the Disease Causing Death, or, in deaths from Ciplent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicipal.
of MOTHER Elizabeth Feterling  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
OF MOTHER (State or country) Carroll Go ML.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the ef death yrsmssds. Stats,yrsmos  Where was disassa contracted,
(Interment) David Rinchart	f not at place of dasth?  Former or  usual rasidence
(Address) Union Brietge Md	Mountain View Gran 12-30, 1015
Filed 12/29, 1915 Jeslip / Culsh	20 UNDERTAKER Shriver ADDRESS Bridge
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as Al school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers cian, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But in many Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

state Means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL seplichaemia," cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound of Examples: Accidental drowning; State cause for which Never report mere



1 PLACE OF DEATH

Village or City Sy hisralle (No Spring for 2 FULL NAME I da Ristiski	[If death occurre a hespital or institut give its NAME institut of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE  OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of ideustry business, or establishment in which employed (or employer)  BIRTHPLACE  (State or country)  SINGLE, MARRIED, MIDONES, OR DIVORCED (Write the word)  (Write the word)  (Year  (Year  (Month)  (Day)  (Year  (Year  (Month)  (Bay)  (Year  (Auxundance)  (Salate or country)	that I last saw here alive on letters above, at 7.48
10 NAME OF FATHER  (State or country)  12 MAIOEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address) S. S. Hosh, Sy kernill, Mad	(Signad)

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health
Association.]

6 yrs.). For persons who have no occupation whatever write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train—accident; Revolver wound of SUICIDAL, OF HOMICINAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neates mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercurcarbolic acid-probably important.



RECORD

PERMANENT

o certificate. 80 to back ATH in plain instructions a OF mportant, ы Every

### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Correl Q Co. Registration Dist. No. It death occurred in .....Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, Write the word (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 2 Q 1 day hrs. The CAUSE OF DEATH* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ State ..... yrs. -__ ds. Where was disease contracted. BEST OF MY KNOWLEDGE It not at place of death? Former or usual residence. DATE OF BURIAL 16 univitour 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant ncoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. ccr" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probability thre of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



RESERVED

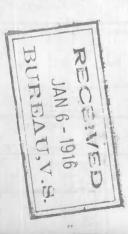
Coun	TPLACE OF DEATH  Aty Carroll 21507	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 82
Villag	ge or City Mr. acry (No. ,	St.; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEN G DA	MARRIED, MARRIED	18 DATE OF DEATH  (Month)  (Day)  (Ye  17 LHEREBY CERTIFY, That I attended decreased for the strength of the s
7 AG	E 34 yrs. 8 mos. 1 ds. OR min.?	that I last saw her alive on Thurska, Die. 30 519 and that death occurred on the date stated above, at 4.16 The CAUSE OF DEATH * was as follows:
par (b) bus whi	Trade, profession, or House wife  (General nature of Industry siness, or establishment in ich employed (or employer)  RTHPLACE (State or country)  M. Mars, o Leo. Med.	(Quration) / yrs. 9 mos. 3
PARENTS	10 NAME OF FATHER Chas. Thesley Danner  11 BIRTHPLACE OF FATHER (State or country) St. Mary's Co. Mel.,  12 MAIDEN NAME OF MOTHER ON WILL O. Wille  13 BIRTHPLACE OF MOTHER (State or country) Balto. Coily, Mel.,	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OF RECENT RESIDENTS) At place in the of death yrs
	(Informant) Housed & Camer  (Address) Maraing Ma	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Ander Park Central Janu 1910  20 UNDERTAKER  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, write None. 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (relired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more employed, as At school or At home. Care should be precise specification as Day luborer, Farm loborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, c. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never cough; Chronic valvular heart disease; Chronic interstitial cause. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthemia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of . . or miscarriage as "Puenpenal septicharmia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-ACCIDENTAL, report mere unportant.



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO. WIDOWEO OR OIVORCEO (Month) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) TAGE If LESS than and that death occurred on the date stated above. at 4.0 1 day, hrs. The CAUSE OF DEATH * was as follows: min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in (Durstlen which employed (or employer 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 11 BIRTHPLACE (Address) De ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 12 MAIOEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OFMOTHER (State or country) of death - YTS. Where was disease contracted. 14 THE ABOVE IS KNOWLEGGE If not at place of death? usual residence DATE OF BURIAL 15 UNDERTAKER AOORESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

on statement of cause of death approved by Committee SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage cause. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, periionaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the Always qualify all diseases resulting from childby railway train-accident; Revolver wound The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere



PERMANENT RECORD

2

UNFADING INK-THIS

WRITE PLAINLY, WITH

N. B.-Every item of information should be CAUSE OF DEATH in plain terms, so

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Westmuster (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WILLOWER OR DIVORCED (Write the word) 6 DATE OF BIRTH  May 26 (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I hereby Certify, That I attended deceased from  Delay, 1915, to Dece 13, 1916  that I last saw house, alive on Dece 18, 1916
TAGE.    Comparison of Compari	and that death occurred on the date stated above, at 10 % a.m.,  The GAUSE OF DEATH* was as follows:  Achiete (Nephritus)  (Duration) yrs mos 9 ss.
10 NAME OF FATHER WILLIAM H Shaeffer  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory MacMiles Secondary  (Ouration) yrs mos 4 ds.  (Signed) 6 for Secondary  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manyland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walliam Thatfer	1 BLENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place to the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or osual residence.
15 Dec-14-10-5-6. W. Shriner	Westernster DATE OF BURIAL  Westernster  20 UNDERTAKER  ADDRESS

REGISTRAR FYCULK Officiary We
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### 2

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specieated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify aii diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



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WRITE PLAINLY, WITH

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s Important. See Instructions

DEATH in plain terms, so that it may be properly classified. Exact statement.

on back of certificate.

carefully supplied.

AGE should be

PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT stated EXACTLY.

PLACE OF DEATH

21510

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City hypers Dist (No	St; Ward)  [If death occorred is a hospital or institution give its NAME losteau of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, NOTICE WIDOWED, WIDOWED, Write the word)  8 DATE OF BIRTH  (Month)  (Month)  (Day)  (Year)	18 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from 2, 1915, to 2, 1915  that I last aaw h Mallyeon  1915
7 AGE  3 4 yrs. 8 mos ds. ORmin.?	and that death occurred on the date stated above, atm
(a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)  White the Contributory (Secondary)
TATHER FORM THE STATE OF THE STATE OF THE STATE OF THE STATE OF MOTHER SALLY Shaffer (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, OT, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OT HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  In the of death was made of the state of t
(Informant) Howard Shuly  (Address) Lettlestown Pa	of deathyrsmosds. Stateyrs,mosds.  Where was disease contracted,
Filed See 16 1910 John W Hombut	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

B. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not material worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology.

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-The nature of the death), 29 ds.; "Exhaustion, Examples:



	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ny Carroll 21511	CERTIFICATE OF DEATH Registration Dist. No.
Villag	go or City & phesile (No. Shringfer	Id State Hosfield Ward)  [If death eccurred is a hespital or institution give its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male While Widowed Single (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year  17  [HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day) (Year)	that I last saw her alive on Let 16 1915 and that death occurred on the date stated above, at 6. A.
(a)	The state of work states of the state of the	The CAUSE OF DEATH * was as follows:
bes whi	General natere of Industry siness, or establishment in ich empleyed (or employer)  IRTHPLACE (State or country)	Interstitual Maffaite (Burston) 2 yrs. mos.  Contributory Secondary
RENTS	10 NAME OF FATHER Samual Slaugenhauft.  11 BIRTHPLACE OF FATHER (State or country) Mary land  12 MAIDEN NAME	(Sigsed) (Si
PA	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OF RECENT RESIDENTS) At place of death / ys. // mes. / y de. State, Z/ ys. // mee. / 3 Where was disease contracted, If not at place of death?
	(Address) S. S. Hospy, Suffyeille, Mid	Former or  uoual residence Casseller  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKEN  ADDRESS





[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," ctc., without more precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. mobile factory. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent Deates "Tumor" for malignant neoplasms); Mcasles; Whooping cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Scnile," etc.), "Dropsy, Dalisusus, "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (nierely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (secondary or intercur-



1 PLACE OF DEATH

Village or City Union Bridge (No. 21512)  2 FULL NAME Mary 8,	CERTIFICATE OF DEATH  Registration Dist. No.  St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, widowed on Divorced (Write the word)	16 DATE OF DEATH  See 5, 191 (Month) (Day) (Year)
6 DATE OF BIRTH  4 28 - 1844  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Move 3.0 , 191 J., to Mec. J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat I last saw h. T. alive on Alex J. 191 Sthat Sth
7 AGE 11 LESS than 1 day. hrs. OR min.?	and that death occurred on the date stated above, at 3 pr
(a) Trade, profession, or particular kind of work  (b) General nature of industry	probably stemanling
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Table 10 mg/st. 10 mg/st.	Contributory My postale Precuosi
10 NAME OF Balser Logle	(Signed) (Buration) yrs. mos.  (Signed)
T SIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10	*State the DISEASE CAUSINO DEATH, or, in deaths from VICLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL OF HOMICIDAL.
OF MOTHER Susses Sloves  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the af death
(Informant) Miss Kate Swith	Whera was disease centracted, if not at place of death?
(Address) Union Bridge Ind	Beaver Dane 12-8, 1915
Filed 2 , 191 - Paris are noticed address State Peristress I	20 UNDERTAKER  Frank J. Shriver  ADDRESS  244

STATE OF MARYLAND





[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & grs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question of the second statement. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Statianary fireman, etc. Never return But in many cases, "Laborer," (b) Auto-

Statement of Cruse of Death—Name, first, the disease causing death—Name, first, the disease causing death accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubsis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," SUICIDAL, or HOMICIDAL, or as prabably such, if impossible to determine definitely. Examples: Accidental drawning; birth or miscarriage as "Puerperal sephichaemia," "Puerperal peritonitis," etc. State cause for which genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, letanus) may be stated hcad-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent deates cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping etc., when a definite disease can be ascertained as the by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," Never report mere



DEATH

Every Item CAUSE OF

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on back of certificate.	
See instructions	

state Very

should

PHYSICIANS

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 3 Ilf death occurred la .....Ward) a hospital or institution. give its NAME instead ot street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 5 SINGLE. MARRIED, WIDOWED, Mass (Month) (Day (Year) ORDIVORCED (Write the word) 17 I HEREBY GERTIFY. That I attended deceased from DATE OF BIRTH Mouth (Year) 7 AGE If LESS than and that death occurred on the date stated above, a t day,.....hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industri business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE . 1910 (Address) Wes true see 5 OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs, ____ mos, ____ ds. Stale ___ Where was disease contracted. If not at place of death?. Former or usoal residence. BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20 UNDERTAKER ADDR REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



BINDING

FOR

RESERVED

PLACE OF DEATH	STATE OF MARYLAND			
county Carroll 21514	CERTIFICATE OF DEATH			
County	80			
7. 0. 1. 0	Registration Dist, No.			
Village or City New Munday Mad	St: Ward) [It death occurred to			
1	a hospital or institution,			
To Tolar	et street and number.]			
² FULL NAME / School School	WWW C			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX COLOR OR RACE SINGLE,	18 DATE OF DEATH			
2 SEX COLOR OR RACE MARRIED, Marvuel	(Mouth) (Day) (Year)			
Male While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH	June 20th 1915 to Seember 2/2 1915			
Oct 6 1840	1/20 11/20th =			
(Month) (Day) (Year)	that I last saw h Low alive on Allow 2007, 1910,			
7 AGE It LESS than 1 day, hrs.	and that death occurred on the date stated above, at 3.200m.			
7 1 - yrs 2 mos 6 ds. or min.?	The CAUSE OF DEATH ; was as follows:			
8 OCCUPATION 7	Chronic Deffuse stephitis			
(a) Trade, profession, or				
(b) General nature of lodustry	•••••••••••••••••••••••••••••••			
business, or establishment in	(Quration) your 9 mos ds.			
which employed (or employer)	Otto Salles has			
9 BIRTHPLACE (State or country)	Secondary Aluknown			
- comany	Burgilan) 178 mos ds			
10 NAME OF Granders	(signed) Stuling Hatty M. G.			
" BIRTHPLACE O	hee 22 , 181 D. (Address) New Windson,			
Z OF FATHER (State or country) Services	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT			
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WENTER  OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.			
a Cupnow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the			
OF MOTHER (State or country Lukntur	of deathyremssds. Stats,yrsmesde.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ti not at place of death?			
(Informent) how Colward, Everynan	Former or usual residence			
7	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(Address) New Windson	St 1/1 200			
16 0 1 10/+	Orcensord West 4, 1915			
Filed Dec 22, 191 5 / Edward Mest	20 UNDERTAKER ADDRESS			
200 af REGISTRAR	Howhenten Welmunder			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa--Coal mine, etc. very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deathis "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles; Whooping ges, perilonaeum, ctc., Carcinoma, Sarcoma, ctc., of .......... (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by railway train-accident; Revolver to determine definitely. or misearriage The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL seplichaemia," Examples: Accidental drowning; "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," wound of



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

of street and number.

CERTIFICATE OF DEATH (Month) (Day) ERTIFY, That I attended deceased from

*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

Balto. nd

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 1916 BUREAU, V.S.

1 PLACE OF DEATH Y. PHYSICIANS xact statement of STATE OF MARYLAND Carroll CERTIFICATE OF DEATH Registration Dist. No. a hospital or institution. EXACTLY give its NAME instead L of street and number. RECORD properly classified STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH ROOM stated PERMANENT MARRIED. midow WIDOWED 1914 OR DIVORCED (Day) CERTIFY, That I attended deceas 1915 to deel ponou eq (Yoar) 7 AGE 0 rnay If LESS then Ш 1 day. C The CAUSE OF DEATH * THIS C OR min. ? so that 00 supplied (a) Trade, profession, er instructions particular kind of work business, er establishment in Le carefully s n plain ter which employed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF WITH C pino mportant I II BIRTHPLACE AT ENT (Address) ... OF FATHER (State or country) EA *State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental. PLAINL 0 Œ 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, 0 Ш OR RECENT RESIDENTS 13 BIRTHPLACE of Infor S At mince OF MOTHER In the (State or country You 0 of death Slate. ......yrs. ......mes. ......ds. Every item of In should state CA OCCUPATION CA Where wer disease confracted. if not al slace of death? Former or usual residence PLACE OF DATE OF 15 20 UNDERTAK ADERES 0 If more blanks are needed, address State Registrar, 16 W. Jayatoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING NEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 1916 BURBAU, V.S.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallemere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.;



1 PLACE OF DEATH STATE OF MARYLAND SICIANS Parrole 21518 CERTIFICATE OF DEATH Registration Dist. No. Village or City Dykesville (No. Aringfield Hospital St.; Ward)

2 FULL NAME Richard C. Thomas. a hospital or institution. give its HAMF inches of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH WIDOWED OR DIVORCED cel (Year) 7 AGE It LESS than of AGE 1 day, brs. X The CAUSE OF DEATH * was as follows: mis.? 6 CCUPATION (a) Trade, pretession, or supplied ons barticolar kind of work (b) General nature of industry business, or establishment in which employed (or employer) hrome Valvular Hear Contributory BIRTHPLACE (State or country) Bullo. md See 10 NAME OF FATHER 11 BIRTHPLACE RENTS OF FATHER (State or country) *State the DIMFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER of death / O yro. mos. 29 da. (State or country) Every item of instanded should state CAI Where was diseass contracted, if not at place of death? Ballo. City. Md. Clamsey of Bulls me UNDERTAKER 8 If more blanks are needed, address State Registrar,/15 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, cte. But in many cases, 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mobile factory. first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are cugaged in If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puenpenal septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Maraemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant, neoplasms); Measles; ges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent Deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of cause. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), The contributory (seeondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere Whooping



PLACE OF DEATH PHYSICIANS of statement of STATE OF MARYLAND CERTIFICATE OF Registration Dist. No. If death occurred in ......Ward) a hespital or institution. CTLY. give its NAME instead RECORD ot street and number. be proporly classified certificate. EXAC PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH MARRIED Jung SEX COLOR OF 16 DATE OF DEATH stated PERMANENT WIDOWED 1915 OR DIVORCES (Month) (Year) I HEREBY CERTIFY. That I attended decea 6 DATE OF BIRTH 0 pino <u>_</u> sho sho (Month) (Day) (Yoar) 0 7 AGE ITI 62 It LESS than and that death occurred on the date stated above SE 1 day, brs. THIS The CAUSE OF DEAT A + a 26.85 OR mig. ? that that OCCUPATION. (§2) Trado, protession, er particular kind et werk... E supplie in terms, so t (b) General natore of industry business, or establishment in UNFADING carefully which employed (or employer BIRTHPLACE Contributory Secondary See in (State or country) 10 NAME OF à FATHER 2 TH i portant U 11 BIRTHPLACE FE SPA OF FATHER *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT 8 CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 50 12 MAIDEN NAME E SUICIDAL OF HOMICIDAL. A. of Informatic OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT VOLY 13 BIRTHPLACE OR RECENT RESIDENTS OF MOTHER At place WRITE In the 69 (State or country) of death ......yrs. ......mss. ......ds. Siete. should state CA Where was disease contracted. If not at place of death? Farmer or (Informant) negatives tagget OATE OF BURIAL (Address) 15 0 Z If more blanks are needed, address State Registrar, 13 W. Saratoga St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons applies to each and every person, irrespective tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The material worked on may form part Women at home, who are engaged in If retired from The question of age.

Statement of Cause of Denth—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital." SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Anaemia" (mcrely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For Violent Deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), The contributory (secondary or intercur-"Dropsy," Never report mere "Atrophy," "Exhaustion," important ("Con-



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SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Heart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Ursemia," "Weakness," nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges; peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . (name origin; "Cancer" is less definite; avoid use of or miscarriage as "PUERPERAL septichaemia," The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," ACCIDENTAL, wound of



1 PLACE OF DEATH 0 0 STATE OF MARYLAND PHYSICIAN t statement arroll CERTIFICATE OF DEATH Registration Dist. No. le (No Phringhela Hospital &; Ward) EXACTLY. give its HAME instead of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 18 DATE OF DEATH WIDOWED OR DIVORCED HEREBY CERTIFY. That I attended deceased from (Day) (Year) 7 AGE It LESS than 1 day, brs. (7 The CAUSE OF DEATH * was as follows: min.? OCCUPATION (a) Trade, profession, or anda structions particular kind of work (b) General nature of ledustry business, or establishment in which emplayed (or emplayer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISTASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 12 MAIDEN NAME SUICIDAL OF HOMICIDAL A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 EW 13 BIRTHPLACE S OF MOTHER WRITE (State or country) 0 Every item of should state occupation held Hospital Records DATE OF BURIAL 20 UNDERTAKER ADDRESS 0 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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V. S. No. 1.

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	N. B.—Every Item of information should be carefully supplied. AGE should be stateshould state CAUSE OF DEATH in plain terms, so that it may be properly of	Office of the very impostant See inclusions on head of contistions of
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1 PLACE OF DEATH

	PLACE OF DEATH  Canvold 21522	STATE OF MARYLAND CERTIFICATE OF DEATH
Count	e or City Manchesler Md (No.	Registration Dist. No
17v ************************************	2 FULL NAME Jacob Wrink	give its NAME instead of afreet and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale Martie 5 SINGLE, MARRIED, WIOOWEO OR OIVORCE O (Write the word)	16 OATE OF OEATH
6 OAT	E OF BIRTH  (Month) (Day) , 18,44	that I last saw have alive on 1915
7 AGE		and that death occurred on the date stated above, at
bush whic	General nature of industry ness, or establishment in the employed (or employer)  THPLACE (State or country)	(Buration) yrs. mos.  Contributory Secondary
		Secondary
RENTS	11 BIRTHPLACE OFFATHER (State or country) Canada Co. Made 12 MAIOEN OTHER AND CO. MADE 12 MAIOEN OTHER AND CO. MADE 12 MAIOEN OTHER AND CO. MADE 14 MADE	(Signed) (Si
PARENTS	11 BIRTHPLACE OF:FATHER (State or country)  Con Co. Audi	(Signed) Palet & James No. 1815. (Address) and selection Inc.

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever or given up on account of the DISEASE CAUSING DEATH business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. engaged in domestie service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housetaken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, ctc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

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and consequences (e. g., sepsis, tetavus) may be stated under the head of "Contributory." (Recommendations state Means of injury and qualify as accidental, suicided, or nomiceal, or as probably such if impossible to determine definitely. Examples: Accidental drowning, Struck by railway troin—accident, Revolver wound of head—homicide, Prisoned by cartolic acid—probably on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic vulvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... birth or miscarriage as "Publiperal septichumia," "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping "Anaemia" nephritis, etc. (name origin; "Cancer" is less definite; avoid use of nia" (merely symptomatic), "Atrophy," (Coma," "Convulsions," "Debility") The contributory (secondary or intercur-(Recommendations Never report mere ("Con-



Exact statement of OCCUPATION is very

DEATH in pisin terms, so that it may be properly classified. See instructions on back of esrtificate.

CAUSE OF Important.

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registered No.
VIIIage or City Westermuster (No. Stell	St; Ward)  [If death eccurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
French Month Single, Married, Wille Miles  Write the word)	16 DATE OF DEATH December 8, 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Spate of BIRTH  Secondary - 84, 1915  (Month) (Day) (Year)	that I last aaw h allys on ,191
7 AGE   It LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which empleyed (or empleyer)  BIRTHPLACE (State or country)  Cleaned  Leaned	(Duration) yrs. mes. ds  Contributory (Secondary) (Duration) yrs. mes. ds
10 NAME OF FATHER Ruymond Wrymert  11 BIRTHPLACE (State or country) Cleralle Con State  12 Maiden NAME OF MOTHER  12 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  19 MOTHER  19 MOTHER  19 MOTHER  10 MOTH	(Signed) Johnney Should , M. D. Discost 1975 (Address) Weatherster 1975  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Millie † siggette  13 BIRTHPLACE OF MOTHER (State or country Levisell line Mid	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the et death
(Informant) Reguest of My Knowledge	Where was disease centracted, If not at place of death?  Former or usual residence
(Address) Westername tur Mind	19 PLACE OF BURIAL OR REMOVAL  Millimoth PLA  20 UNDERTAKER  ADDRESS
Filed Dec J., 1913 Company Medistran	Claywood Winest Obellung to Jud





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. the nature of the business or ludustry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Serrunt, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of ..... ture of the American Medical Association.) "Contributory." Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



PERMANENT

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16

1 PLACE OF DEATH 3 SEX OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (State or country)



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

Ward)

a hospital or jostitution

give its NAME instead ot street and number.] any Wilson Wisner PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED, SAL WIDOWED, (Month) (Year) ORDIVORCED Write the word I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 8.45. 1 day, .....hrs. The CAUSE OF DEATH * was as follows: OR ..... min. ? which employed (or employer) -----BIRTHPLACE Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) / turnshilland PARENT OF FATHER (State or country *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, ____ mos. Where was disease contracted. It not at place of death?... Former or (informant) usuai residence REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Frankly St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the cause. Lalways qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "," "Coma," "Convulsions," "Debility" ("Conmay be stated under the head of State cause for

